

FINAL REPORT

Title IV-E Waiver Demonstration Project

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OVERVIEW

The Arkansas Department of Human Services, Division of Children and Family Services (DCFS) initiated the State's IV-E Waiver Demonstration Project in August 2013 to accomplish three goals:

1. Safely reduce the number of children entering foster care;
2. Increase placement stability; and,
3. Expedite permanency for children in foster care.

Throughout the beginning stages of the IV-E Waiver Demonstration Program, six interventions were implemented to achieve these goals. However, during the course of the program one intervention, Permanency Roundtables, was discontinued due to lack of adequate outcomes. These five remaining interventions reached full programmatic implementation in various geographic areas throughout the state:

- Differential Response (statewide);
- Child and Adolescent Needs and Strengths / Family Advocacy and Support Tool (statewide);
- Team Decision Making (30 counties/approximately 40% of the state);
- Nurturing Parenting Program (statewide); and,
- Targeted Recruitment (Areas 3, 4, 5, 7, 9, and 10/approximately 72% of the state).

While each of these interventions had varying degrees of success in terms of outcomes, all of them have been integrated into the child welfare system in Arkansas. Arkansas's IV-E Waiver Demonstration Project officially concluded on September 30, 2019, but the State plans to continue with all five interventions while also launching the implementation of the Family First Prevention Services Act on October 1, 2019. This report summarizes the project and evaluation activities and accomplishments for Arkansas's IV-E Waiver Demonstration Project during up to September 30, 2019.

DEMONSTRATION STATUS

Program Improvement Policies

Arkansas selected key program improvement policies, including the five aforementioned interventions, to accomplish the goals of its demonstration project. The Implementation section within Arkansas's Terms and Conditions (2.3) outlines the two primary program improvement policies the state committed to implement during the demonstration project, including:

- Specific Programs to Prevent Foster Care Entry or Provide Permanency
- Recruiting and Supporting High Quality Foster Homes

Through the Waiver Demonstration Project, DCFS decided to implement programs designed to prevent children from entering foster care, programs focused on providing permanency for children in foster care, and programs focused on the recruitment and retention of high-quality foster homes. Although there is still room for improvement, the ensuing implementation and evaluation sections for each intervention show that the Division has been successful in implementing these program improvement policies over the past five years.

Differential Response, Team Decision Making, and the Nurturing Parenting Program/Nurturing the Families of Arkansas have been implemented to protect children and prevent them from entering foster care, just as Arkansas's Creating Connections for Children (ARCCC) program is working to provide permanency for children in care. The Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) functional assessment tools support each of these goals by providing comprehensive assessments of families' needs and family-centered service planning in an effort to help move children toward permanency as safely and swiftly as possible. ARCCC is a statewide diligent and targeted recruitment program designed to recruit and support high quality resource families and volunteers. With a larger pool of foster family home options, staff can better match children needing placement based on various factors and characteristics in an effort to ensure the first placement is the best placement, which impacts placement stability and long-term permanency outcomes. Permanency Round Tables was another intervention intended to provide permanency for children in care; however, this strategy did not yield the results anticipated, hence its discontinuation approximately mid-way through the IV-E Waiver Demonstration Project.

Differential Response

Arkansas's Differential Response (DR) program was implemented statewide in August 2013. As reported in prior reports, the program is administered by the DR Unit in Central Office, which consists of the DR Program Manager and DR Program Specialist and is implemented by DR Specialists and Supervisors in each service area. In State Fiscal Year 2019, of the 34,226 child maltreatment reports received by the Arkansas Child Abuse Hotline, 6,005 reports, or 21%, were assigned to the Differential Response pathway.

The DR Manager, in conjunction with the Federal Compliance Administrator and DR Specialist, continue to facilitate the 3-day DR training for new DR staff. The DR Manager and Federal Compliance Administrator also collaborated to create a DR Supervisor Training for supervisors new to DR. This collaboration was birthed out of feedback from DR supervisors who voiced that they wanted more hands-on training on protocols for supervisors and expectations.

The DR Manager and DR Specialist continue to provide coaching to staff as it relates to best practice particularly regarding engagement with families and comprehensive assessments. The DR Unit also conducts random reviews of closed DRs to assess skills and areas for improvement.

The DR Unit continues to collaborate with community stakeholders like the University of Arkansas for Medical Sciences in utilizing its Teaching Important Parenting Skills Program (TIPS). TIPS is an innovative parenting education program for parents of children ages birth to 5 years. It employs a "just in time" training approach with parents by responding to parents' of-the-moment concerns and tailoring parenting information to individual families – all of which is done outside of a traditional classroom setting.

Another example of the DR Program's collaboration with community programs: Safe Families. Safe Families is a volunteer-driven nonprofit that provides support to families in local communities. That support can come in the form of peer support, supplying goods to improve the well-being of a child or prevent removal, and/or providing respite care for families who may be going through a hard time and need temporary assistance. In working with these programs, the goal is to build stronger, concrete community supports and services that address families' needs and help to minimize stress caused by the everyday challenges they face.

DR staff are now responsible for responding to referrals accepted for prenatal exposure to legal substances as per the amendments to the Child Abuse Prevention and Treatment Act (CAPTA) as a result of the Comprehensive Addiction and Recovery Act (CARA). These referrals do not qualify as DR allegations in Arkansas. However, since key components to this new referral type include family engagement using a non-investigative approach similar to

that of DR Program, DR staff have been tasked with initiating that family engagement and working with the family to develop of a plan of safe care that addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver.

In the IV-E Waiver Demonstration Project evaluations, families have reported that they appreciate the non-threatening nature of the DR Program and are more accepting of the intervention and services being provided. The families are being connected to services that enable them to manage their own needs in a more confident manner. DCFS staff believe this program casts a more positive light on the Division and helps build trusting relationships between the Division and the families. Some community stakeholders, however, are resistant to the program because they do not understand the mission. There is also a scarcity of community resources for the Department and families to access, especially in more rural communities.

As of the final evaluation report, families that were involved in DR had cases opened an average of 28 days compared to the comparison group at 39 days. DR cases are less likely to have subsequent involvement than the comparison group at three, six, and twelve months following the closure of the DR case; and are less likely to result in a removal compared to the comparison group. Despite these successes, children removed from the home after DR involvement are less likely to be returned to the home within twelve months as opposed to the comparison group.

DR goals that are actively being work toward include:

- Improving community/stakeholder buy-in;
- Improving completion and quality of Family Strengths and Needs Assessments and Family Plans; and,
- Increasing DR initiation and closure rates.

Future DR goals include:

- Exploring other maltreatment allegations that could be routed to DR;
- Providing advanced practice DR training bi-annually;
- Increasing time spent on coaching and mentoring field staff as it relates to family centered engagement and practice.

CANS & FAST Functional Assessment Tools

Arkansas's CANS/FAST was implemented statewide in February 2015. It is a multi-purpose tool developed by Dr. John Lyons for children services to support decision making. It is a communication tool to facilitate the linkage between the assessment process and the creation of individualized service plans.

DCFS staff have noted that the CANS/FAST tool has changed how workers think about assessment. At the same time, staff acknowledge that there has been little change in the services DCFS offers families. DCFS staff have identified an array of services that families need but are not readily available in many communities. For instance, specialized parenting classes for children with autism, support groups for people who are grieving, and transportation assistance such as bus passes are examples of specialized services that are often identified as service needs but are not readily available in communities.

Engagement with children and families is an oft-cited benefit of the CANS/FAST assessment. The CANS/FAST assessment helps staff learn more pertinent information about the children and/or families and subsequently plan for more appropriate services tailored to their needs. Some DCFS Area Directors and Supervisors report that the CANS/FAST forces FSWs to think more about their case plans because they have to comment about the rating they give families. Since CANS/FAST implementation, staff reported better identification of needs and services to offer families. While there is consensus among staff that completing the CANS/FAST is time consuming, they also report it offers a more thorough assessment, which translates into a better case plan.

However, staff have expressed that the CANS/FAST is more challenging and time consuming than the previous assessment tool. For families where multiple children are in care, FSWs are required to complete a separate CANS assessment for each child in the family, which can be a lengthy process. As a result, supervisors must be vigilant and monitor the work of staff to ensure they are not copying and pasting information from previous assessments into the tool or across siblings as opposed to individualizing each assessment. Time management is also a concern because some FSWs complete the CANS/FAST tool on paper as they meet with families and then go back to the office to enter it on their computer.

Many staff have reported concerns regarding correctly scoring the CANS/FAST assessments. Most of the questions on the tool are subjective, which makes scoring the tool difficult.

The most recent IV-E Waiver Demonstration Project Waiver evaluation found that youth receiving a CANS are significantly more likely to reunify with their biological parents or a relative within three months than comparison group youth and slightly more likely to

reunify at six and twelve months. Furthermore, youth are more likely to have placement stability at three, six, and twelve months after a CANS than the previous FSNRA tool. These results imply that the CANS tool is slightly more effective at identifying the youth's strengths and needs than the FSNRA and allows the caseworker to provide more effective case plans.

Families receiving the FAST assessment were slightly more likely to have their children removed within three months than families receiving the FSNRA. This outcome reverses at twelve months where families receiving the FAST are less likely to have their child removed. One theory for these trends is the FAST may identify more serious issues earlier in the life of the case than the FSNRA, but also supports development of a stronger case plan to keep children in the home at longer time frames.

The CANS/FAST Manager collaborated with Dr. John Lyons and the Praed Foundation in the creation of the Universal Family and Children Engagement Tools (UFACET), which combines the CANS and FAST into one tool. This tool has been completed, however, upon exploration and review, the Division has decided to replace the UFACET with the Structured Decision-Making (SDM) Case Planning tool that will be customized to Arkansas child welfare in collaboration with the National Center on Crime and Delinquency's (NCCD) SDM and Safety Organized Practice implementation in Arkansas. The workgroup found this tool to be less clinical than the CANS/FAST, and the UFACET does not require a yearly recertification, which staff voiced was burdensome, stressful, and not representative of their work with families. In utilizing the SDM case planning tool, Arkansas hopes to see improved assessments and improved case planning alongside families in a way that is child welfare friendly, practical, and evidence-based. Implementation of this tool will be a two to five-year process. In the interim, Arkansas will continue to utilize the CANS/FAST tool and provide training and coaching to improve practice.

CANS/FAST goals that are ongoing include:

- Providing advance practice training as needed;
- Decreasing the amount of open cases that have assessments with no actionable needs;
- Decreasing the amount of missing or expires CANS certifications; and,
- Utilizing review process to test fidelity and quality of the use of CANS/FAST.

Team Decision Making

Team Decision Making (TDM) was implemented in Saline, Faulkner, and Conway counties in September 2014. TDM is currently in 30 of Arkansas's 75 counties. In SFY 2019, 867 TDM meetings took place in Arkansas.

DCFS used removal data, staff capacity data and information, and geographic considerations when determining in which counties to implement TDM. Statewide implementation is tentatively scheduled for December 1, 2020.

Team Decision Making meetings are held within three business days of a protection plan being put into place or upon the removal of a newborn in the instance of a Garrett's Law case. Family and extended family, friends, and informal supports are invited by the family to attend the TDM and brainstorm ways to keep the child(ren) safe. DCFS is involved mostly to ensure that the final plan, developed via the TDM participants, meets the Division's requirements for keeping the child safe. The rapid response and action plan are designed to safely reduce the number of children entering the foster care system and, in the event a child is needed to be removed, return youth to their homes by following the action plan.

A Statewide TDM Rover Position has been filled to assist with TDM Meeting in all 30 implemented counties. The Statewide Rover position is currently covering a vacant TDM Facilitator position in the southwest area of the state. Facilitators continue to act as back-ups in other areas when a Facilitator must be off. TDM also, has one back-facilitator from Bowen Law School. The back-up facilitator is utilized in Area 8.

Even after expanding the number of counties in each area covered by the TDM facilitators, referrals for TDM meetings have remained low for Protection Plan TDM meetings. TDM Meetings held for infants exposed to illegal substances in utero, also referred to as Garrett's Law, continue to increase over reporting periods. The TDM meeting serves as an opportunity to begin developing the plan of safe care and initiating services on the front-end during Garrett's Law investigations.

Technical assistance from Annie E. Casey Foundation initially ended in May 2015, but the monthly Case Consultations have continued and are led by the TDM Supervisor on the second Wednesday of each month. The Case Consultations provide peer-to-peer learning, live case consultation, and guest speakers from various service providers and other community stakeholders. Individual and group supervision also continues to be held monthly with the TDM Program Manager, TDM Supervisor, and Facilitators. However, in October of 2018 Annie E Casey Foundation agreed to provide technical assistance once again in order to provide a "re-set" for TDM in Arkansas and ensure greater fidelity to the original TDM model which focuses on removals and considered removals. A focus group meeting took place to obtain strengths and concerns from agency staff. A workgroup has been formed with frontline workers, supervisors, attorneys, Area Director, TDM Program Manager, TDM Supervisor, Prevention and Reunification Assistant Director, Annie E. Casey Representatives, and National Council on Crime and Delinquency (NCCD) Representatives (the Team Decision

Making Program will transition from the ownership of the Annie E. Casey Foundation to NCCD as of January 1, 2020) for implementation of Removal and Considered Removal TDMs followed by expansion of Removal and Considered Removal TDMs. Removals and Considered Removals TDMs launched in Area 8 in October 2019.

As reported previously, the sustainability plan is to partner a TDM facilitator with a MidSOUTH trainer for future training needs as TDM is implemented statewide. The TDM Program Manager has been leading all TDM policy and procedure trainings for DCFS staff. The MidSOUTH trainer, TDM Program Manager, and a TDM facilitator combined the One-Day Staff orientation and the TDM policy training into one training for field staff.

When the TDM facilitators are not conducting TDM meetings, they continue community/stakeholder engagement and identifying available services within each of their respective communities, e.g., drug treatment providers, home visiting programs, domestic violence shelters, etc. The TDM facilitators have developed a community/stakeholder resource list. The facilitators have designed a three-hour curriculum to introduce and familiarize key community stakeholders/partners with the goals of Team Decision Meetings (TDM) and the important role that stakeholders play in the TDM process.

TDM data is gathered by automated CHRIS Net reports for tracking, monitoring TDM implementation, and progress.

Evaluation results throughout the course of the IV-E Waiver Demonstration Project showed that families overwhelmingly report being satisfied with TDM meetings, the openness and nonjudgmental atmosphere in which they are conducted. Staff also perceive the TDM as a positive process that provides the families a voice and opportunity to highlight their strengths and available resources.

Some of the challenges identified with TDM is the lack of support from local legal teams and judges; protection plans are not supported, and removal is still preferred. There continues to be a lack of buy-in by DCFS staff in part due to a lack of understanding the process and purpose of the meeting, coupled with staff confusion about when to create a protection plan.

The main goal of TDM is to prevent removal by developing a plan to keep the child(ren) safely in the home. TDM has not shown a significant impact on preventing removal. TDM shows similar rates of removal for children in the treatment group as those in the comparison group. Reunification results were also mixed. The children removed after TDM did not reunify sooner than the comparison group until the twelve-month time frame, however, the difference is not statistically significant.

Nurturing the Families of Arkansas

In 2012, a committee made up of individuals from around the State with experience in parent education selected the Nurturing Parent Program (NPP) as the parenting program Arkansas would implement as one of its Title IV-E-Waiver Demonstration Project interventions. The

University of Arkansas at Little Rock (UALR) MidSOUTH Center for Prevention and Training was selected to provide the program. NPP was customized for Arkansas and renamed to Nurturing Families of Arkansas.

Nurturing the Families of Arkansas, implemented statewide in March 2015, is an evidence-based child abuse and neglect prevention and treatment program for families. NFA was designed as a family-centered, trauma-informed program that promotes nurturing parenting skills. The 16-week program is administered in groups and/or individually and is designed to build and strengthen positive parenting skills. By providing parents with improved parenting techniques, NFA aims to safely reduce the number of children entering the foster care system, decrease future involvement with DCFS, and return youth to their homes in the event a child is removed.

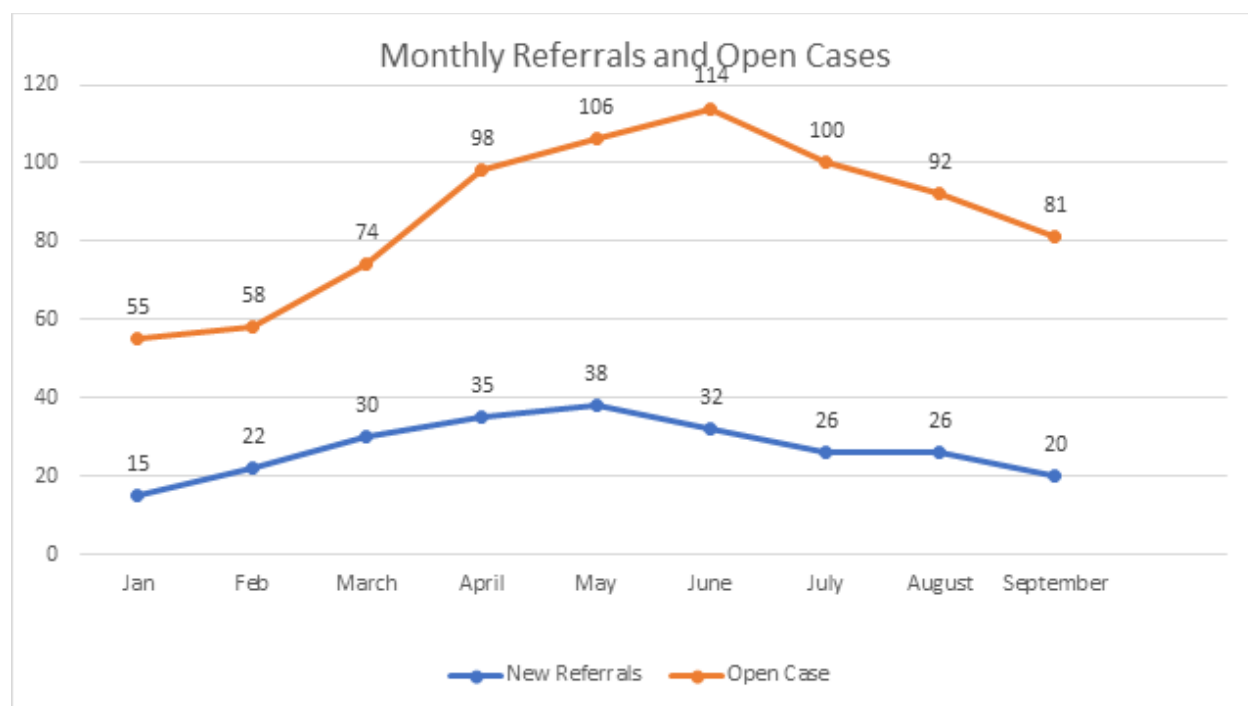
Since the beginning of the program, 538 families have successfully graduated from NFA. Within that number are 660 caregivers, and 1,682 children. Between Jan 1, 2019 and Sept. 30, 2019, 82 families graduated from NFA totaling 114 adults and 269 children. January 2019 to September 2019 represents 15% of the time NFA has been in place and approximately 18% of the total number of families served were in that time frame.

The reason for the greater volume of families served by NFA between January 2019-September 2019 is linked to changes in the population served by NFA. Initially, NFA targeted parents with children from ages 5–11 who were involved with DCFS due to abuse or neglect. In January 2018, the age range was expanded to include youth up to 18. In July 2019, DCFS again expanded criteria allowing services for children 0-4, if those children are placed with their parent who is in foster care. This also required a change to the Performance Indicators (PIs) that allowed for prior removals in the current case if that removal was on the teenage parent. To prepare for this change, NFA trained their staff on NPP curriculum for the 0-4 age group in the winter of 2019. An additional benefit from this is it allows services to be more tailored when parents have children that are both younger and older than five and enable DCFS to make exceptions when NFA is the most appropriate service to offer, but the child is not quite 5 years of age.

In addition to making exceptions to the age range, the Division changed the referral criteria to allow referrals on families with a non-court involved supportive services case and allowing the referral to be made during an Investigation or a Differential Response if a protective services or supportive services case will be the result upon closure. Exceptions for cases that are involved through FINS or another court involved situation can be approved by the In-Home Program Manager on a case by case basis. This change, which also started in July 2019, is in alignment with the waiver evaluation that showed the best outcomes were for families that had a DR, but later had a true finding and NFA was utilized. This will allow NFA to be provided to appropriate families from a DR/supportive services case and hopefully prevent a true finding from ever occurring.

As NFA has shown to be successful in Arkansas and a benefit to families, it has been included in Arkansas's IV-E Prevention Program Five Year Plan under the Family First Prevention Services Act. While the Division will not limit participation in the program to only "candidates," including NFA as part of Family First implementation will help enable DCFS to continue this program.

The following graph shows NFA numbers for the current year. The top shows how many families were receiving services each month and the bottom shows how many new referrals came in. The graph shows an uptick in the number of referrals being received from January through May. The number of referrals declined in June, July, and August, and September, possibly due to the natural drop in cases during the summer months coupled with SafeCare and Intensive In-Home Services rolling out in some areas.



Evaluation findings showed that families who graduated from the NFA program expressed overwhelming satisfaction with the program. The Parent Educators were well received. The families noted that they had good communication with the Parent Educators. Also, the Parent Educators highlighted positive qualities of the parents, treated the families with respect, and modeled good parenting skills.

Some challenges noted were the exclusion of families involved with substance abuse until the parents are actively participating in drug treatment, staff disagreement with NFA's philosophy on corporal punishment, and transportation and scheduling issues.

Between 150-200 families have participated annually in the NFA program since its implementation in March 2015. Approximately 31 percent of the families do not complete the program, most often due to non-compliance in attending program classes. Of the families that do graduate, the vast majority report enjoying their interaction with Parent Educators and learning valuable parenting skills.

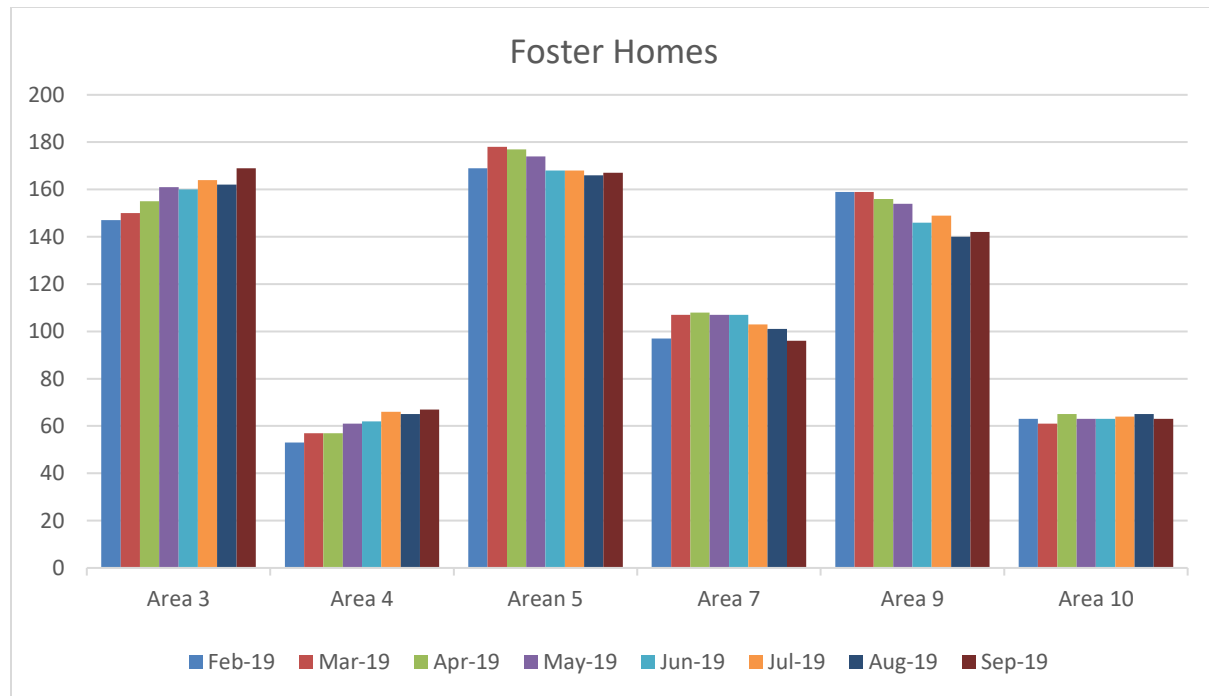
NFA was successful in improving parenting skills as measured by results from the initial and follow-up CPI assessments. Overall, safety in the home was slightly improved, though the results were not significant due to the limited number of families in the program.

Arkansas's Creating Connections for Children Program

The Division of Children and Family Services (DCFS) implemented targeted recruitment intervention, Arkansas's Creating Connections for Children (ARCCC) Program. The intervention was implemented across the state in services Areas 3, 4, 5, 7, 9, and 10. Areas 1, 2, 6, and 8 were covered by the Division's Diligent Recruitment Grant, which came to an end on September 30, 2018. The only piece of the targeted recruitment strategies that is no longer operational is the Geographic Information System (GIS), which ceased June 30, 2018.

Part of the ARCCC Program included establishing one Community Engagement Specialist position in each of the ten DCFS geographic service area to assist with recruitment and retention of foster homes. All areas within the state, except for Area 10 (this position was moved to the Centralized Inquiry Unit in Central Office for a pilot project; see below for more information), maintain the Community Engagement Specialist (CES) positions. The CES staff continue to implement recruitment and retention strategies in their assigned areas. The staff participate in Recruitment Team Meetings and work closely with community partners. The CES staff provide monthly updates to monitor their recruitment and retention strategies. The NCCD Children's Research Center provide demographic data on the foster care population by county and area each month to inform recruitment strategies.

The Central Inquiry Unit (CIU) is also a component of ARCCC. This unit is made up of one Administrative Assistant, one Program Eligibility Specialist, and three Family Service Workers. The CIU staff obtain applicant information from the fosterarkansas.org website and complete the initial phone screening and provide a packet with background checks. The background checks are run, and the family is sent to the Resource Unit in the corresponding area to complete the application process. The CIU continues to meet bi-weekly at the Lean Six Sigma Whiteboard to discuss the application process to determine if adjustments need to be made to move families through the process as quickly as possible. The CIU has consistently been under the 30-day goal from inquiry to the IHC.



On April 1, 2019, a pilot project began within the Centralized Inquiry Unit in the DCFS Central Office to reduce the amount of time it takes to open provider homes. The pilot project has one assigned staff member, a Family Service Worker (FSW), who is responsible for processing applicants from Areas 4, 7, and 10 received via the fosterarkansas.org website. The FSW completes the initial phone call with the applicant, processes their background checks, and if the family is approved at the In-Home Consultation (IHC), the FSW then refers the family to PRIDE Training and for the SAFE home study. The FSW gathers all pertinent documentation from the applicants and then provides the completed home study to the Resource Supervisor for approval and final walk through. The unit is beginning to see homes open through the pilot and have an average open date under the 150-day goal. The CIU Manager is compiling data to determine the next steps in expanding the pilot to additional areas throughout the state.

CONCLUSION

Arkansas's IV-E Demonstration Waiver Project began in August 2013 with six separate initiatives with the ultimate goals of:

1. Safely reducing the number of children entering foster care;
2. Increasing placement stability; and;
3. Expediting permanency for children in foster care.

The six initiatives were Differential Response (DR), Team Decision Making (TDM), Nurturing the Families of Arkansas (NFA), Targeted Recruitment (TR), Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy Support Tool (FAST), and Permanency Roundtables (PRT). Permanency Roundtables were discontinued due to lack of adequate outcomes.

Along with other Division initiatives, the opportunity provided through the IV-E Waiver Demonstration Project to implement, evaluate, and modify these prevention- and permanency focused-interventions has positioned Arkansas to smoothly transition directly from the Waiver to the implementation of the Family First Prevention Services Act. For example, the Targeted Recruitment intervention and associated efforts helped Arkansas to increase the number of foster homes. More foster homes have, of course, resulted in an increased number of children and youth in family-like settings from 77.6 percent in August 2016 to 86.9 percent as of August 2019. This work reflects the DCFS value that every child deserves a safe, stable, and nurturing family every day, which is also in alignment with Family First values. As such, moving more children to family-like settings has helped prepare the state to decrease reliance on congregate care per Family First. The Division has continued to make concerted efforts at recruiting foster homes that meet the demographic and needs of children entering care, particularly youth ages 10 to 17. Over the past year the percentage of children ages 10 to 17 placed in foster homes went up from 35% to 39.5%. The Division has also focused recruitment efforts toward relative placements. As of August 2019, placement with relatives is at 30.3 percent, a 7 percent improvement from August 2016.

As another example, the Nurturing the Families of Arkansas was one of the first evidence-based in-home parenting services offered to the child welfare population, specifically those involved with in-home cases, in Arkansas. The success of this program is one reason Arkansas included NFA in its proposed IV-E Prevention Program Services Five Year Plan -- to include the newly expanded NFA service demographic of youth in foster care who are parenting in an effort to move the state toward implementing primary prevention services.

At present Arkansas will continue with all five IV-E Waiver Demonstration Project interventions to complement Family First implementation in the state. Arkansas will

continue to utilize this multi-pronged approach as it continually strives toward improved outcomes for the children and families of Arkansas.